

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2022
NAME OF PROVIDER OR SUPPLIER CREST POINTE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD PT PLEASANT, NJ 08742		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS	K 000			
K 351 SS=F	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/11/2022 and Crest Pointe Rehabilitation and Healthcare was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>Crest Pointe Rehabilitation and Healthcare is a single story, Type I Fire Resistant building that was built in January 1999. The facility is divided into 4 smoke zones.</p> <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p>	K 351		6/15/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/02/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 351	<p>Continued From page 1</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations on 5/11/2022, in the presence of Facility Management it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the Facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference #1: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems. Installation Requirements: -8.8.4.1.1 Unobstructed Construction. -8.8.4.1.1.1 Under unobstructed construction, the distance between the sprinkler deflector and the ceiling shall be a minimum on 1 inch (25.4 mm) and a maximum of 12 inches (305 mm) throughout the area of coverage of the sprinkler.</p> <p>During the Life Safety Code survey entrance at 8:31 AM, the surveyor requested the facility's Administrator (Admin) and Regional Plant Operations Director (RPOD) to provide a copy of the facility lay out which identifies the various</p>	K 351	<p>K351 CFR (s) NFPA 101 - Sprinkler system – installation</p> <ul style="list-style-type: none"> ¿ The fire sprinkler in the central supply room has been switched to facing down. ¿ All residents have the potential to be affected. ¿ The Maintenance Director completed a facility wide audit to determine if any other incorrect placement with fire sprinklers existed with no findings. ¿ The Maintenance Director will complete a quarterly audit to ensure that correct placement of all sprinklers. The Maintenance Director will report these findings to the quarterly QAPI committee. 	

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K 351	Continued From page 2 rooms in the facility. During a tour of the building starting at 8:57 AM. in the presence of the facility RPOD the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following location: 1. At 9:04 AM, the surveyor observed inside the basement level Central Supply room, a downward type pendant fire sprinkler head. The surveyor measured from the fire sprinkler deflector plate to the ceiling above was twenty inches. The surveyor also observed evidence in the room a piece of drop ceiling wall angle, indicating the room had a drop ceiling that had been removed. The RPOD confirmed the findings at the time of observations. Code requires fire sprinkler heads to be with-in twelve (12) inches of a rooms ceiling. The Administrator was notified of the deficiency at the Life Safety Code exit conference at 2:13 PM. Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351			
K 355 SS=E	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.	K 355		6/15/22	

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K 355	<p>Continued From page 3</p> <p>18.3.5.12, 19.3.5.12, NFPA 10</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and review of facility documentation on 5/11/2022, in the presence of facility management, it was determined that the facility failed to a.) Install portable fire extinguishers with-in the required height for one (1) of 20 fire extinguishers and b.) perform hydrostatic testing for four (4) of 20 fire extinguisher cylinders every six years, in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and National Fire Protection Association (NFPA) 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3.</p> <p>The evidence includes the following:</p> <p>Reference #1 NFPA 10</p> <ul style="list-style-type: none"> - 6.1.3.8 Installation Height. - 6.1.3.8.1 Fire extinguishers having a gross weight not exceeding 40 lb shall be installed so that the top of the fire extinguisher is not more than 5 feet above the floor. - 6.1.3.8.3 In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 inches. <p>Starting at 8:31 AM, during a tour of the facility in the presence of the Regional plant Operation Director (RPOD), the surveyor observed twenty (20) portable fire extinguishers along the tour with the following,</p> <p>1) Basement level: one ABC type fire extinguisher facility identification number (FI) #3 was identified on the plastic collar attached to the extinguisher and was last hydrostatic tested in</p>	K 355	<p>K355</p> <p>CFR (s) NFPA – Portable fire extinguishers</p> <ul style="list-style-type: none"> ¿ Vendor will complete a facility-wide inspection and correct each item as indicated regarding height and hydrostatic static testing. ¿ All residents have the potential to be affected. ¿ Maintenance Director was educated regarding height requirements and testing requirements as indicated. ¿ An audit of the facilities fire extinguishers will be conducted by the Maintenance Director or designee to ensure no additional height or testing deficiencies, if found they will be immediately corrected. Additionally, a log for next required testing will be developed and maintained. ¿ The findings of this audit and following corrective actions will be presented by the Maintenance Director to the next QAPI meeting and then maintained thereafter and reviewed quarterly via the log. 	

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K 355	<p>Continued From page 4 2014.</p> <p>2) Bay Nursing station: one ABC type fire extinguisher FI #19 was identified on the plastic collar attached to the extinguisher and was last hydrostatic tested in 2014.</p> <p>3) Resident Dining room: one ABC type fire extinguisher FI #10 was identified on the plastic collar attached to the extinguisher and was last hydrostatic tested in 2014.</p> <p>4) Resident Dining room: one ABC type fire extinguisher FI #11 was identified on the plastic collar attached to the extinguisher and was last hydrostatic tested in 2014.</p> <p>5) Commercial Laundry area: one ABC type fire extinguisher. The surveyor measured and recorded the extinguisher was mounted at a height from the floor to the center of the pressure indicating needle 6 feet 3/8 of an inch.</p> <p>The RPOD confirmed the findings at the time of the observations.</p> <p>The Administrator was notified of the deficiency at the Life Safety Code exit conference at 2:13 PM. NFPA 10 NJAC 8:39 -31.1 (c).</p>	K 355			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315135	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 8/2/2022	Y3
NAME OF FACILITY CREST POINTE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD PT PLEASANT, NJ 08742		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0351	Correction Completed 06/15/2022	ID Prefix _____ Reg. # NFPA 101 LSC K0355	Correction Completed 06/15/2022	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/11/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		